

**DECLARATION****- Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35 U.S.C., 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/US03/19150	06/17/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business connected therewith in the Patent and Trademark Office:

☐ Customer Number \_\_\_\_\_ or ☒ Registered Practitioner(s) name/registration numbers listed below

Name	Registration Number	Name	Registration Number
Arne M. Olson	30,203	Michael A. Hierl	29,807
Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Joseph M. Kuo	38,943	Daniel J. Deneufbourg	38,943

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to: ☐ Customer Number \_\_\_\_\_ or ☒ Correspondence address below

Name Talivaldis Cepuritis  
OLSON & HIERL, LTD.

Address 20 North Wacker Drive, 36th Floor

City <u>Chicago</u>	State <u>IL</u>	ZIP <u>60606</u>
Country <u>US</u>	Telephone <u>(312) 580-1180</u>	Fax <u>(312) 580-1189</u>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle, if any)

Family Name or Surname

Richard

RICHLEY

Inventor's  
signature

Date: 9/1/03

Residence

City San Diego <sup>CA</sup>

State

California

Country

United States

Citizenship

U.S.

Post Office  
Address

3434 Midway Drive, Suite 2001

City

San Diego

State

California

ZIP

92110

Country

United States

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheet(s) attached here

10/518423

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DT01 Rec'd PCT/PTC 17 DEC 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Richard Richley *et al.* )  
)  
Application. No.: National Stage of )  
PCT/US2003/019150 ) Group Art Unit: Unknown  
)  
Filed: December 17, 2004 )  
)  
For: DEVICES AND METHODS FOR ) Atty. Docket No. TDYNE-305  
MINIMALLY INVASIVE TREATMENT )  
OF DEGENERATED SPINAL DISCS )

DESIGNATION OF PATENT PRACTITIONERS


Mail Stop: PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir/Madam:

Pursuant to 37 CFR§1.32(c)(3), the following patent practitioners are designated for the above-identified application:

Arne M. Olson	<u>30,203</u>
Michael A. Hierl	<u>29,807</u>
Dolores T. Kenney	<u>31,269</u>
Talivaldis Cepuritis	<u>20,818</u>
Seymour Rothstein	<u>19,369</u>
Joseph M. Kuo	<u>38,943</u>
Martin J. Corn	<u>35,847</u>
Robert J. Ross	<u>45,058</u>
Dennis H. Ma	<u>46,890</u>

Respectfully,

  
Talivaldis Cepuritis (Reg. No. 20, 818)

Date: December 17, 2004

OLSON & HIERL, LTD.  
20 North Wacker Drive, 36th Floor  
Chicago, Illinois 60606  
United States of America  
(312) 580-1180

**DECLARATION****ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Marvin P.		LOEB		
Inventor's signature	<i>Marvin P. Loeb</i>		Date: 8/27/03	
Residence	City Huntington Beach CA	State California	Country United States	Citizenship U.S.
Post Office Address	2872 Coast Circle, Apt. 101			
City Huntington Beach		State California	ZIP 92649	Country United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature			Date:	
Residence	City	State	Country	Citizenship
Post Office Address				
City		State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature			Date:	
Residence	City	State	Country	Citizenship
Post Office Address				
City		State	ZIP	Country

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>	Attorney Docket Number	TDYNE-305
	First Named Inventor	Richard R. RICHLEY <i>[Signature]</i>
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

☒ Declaration Submitted with Initial Filing
 ☐ Declaration Submitted after Initial Filing

*9/1/03*

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEVICES AND METHODS FOR MINIMALLY INVASIVE TREATMENT OF  
DEGENERATED SPINAL DISCS**

the specification of which:

☐ Is attached hereto;  
☒ was filed on June 17, 2003 as PCT International Application Number PCT/US03/19150

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US03/19150	PCT	06/17/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.

Application Number(s)	Foreign Filing Date (MM/DD/YYYY)	
60/389,365	06/17/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>	Attorney Docket Number	TDYNE-305
	First Named Inventor	Richard R. RICHLEY
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

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 ☐ Declaration Submitted after Initial Filing

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				YES	NO
PCT/US03/19150	PCT	06/17/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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☒ Registered Practitioner(s) name/registration numbers listed below

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Name Talivaldis Cepuritis  
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Address 20 North Wacker Drive, 36th Floor

City Chicago	State IL	ZIP 60606
Country US	Telephone (312) 580-1180	Fax (312) 580-1189

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Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle, if any)

Family Name or Surname

Richard

RICHLEY

Inventor's signature

Date:

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Country

United States

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheet(s) attached here

<b>DECLARATION</b>	<b>REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)</b>
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[illegible]

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Marvin P.		LOEB		
Inventor's signature				Date:
Residence	City Huntington Beach	State California	Country United States	Citizenship U.S.
Post Office Address	2872 Coast Circle, Apt. 101			
	City Huntington Beach	State California	ZIP 92649	Country United States
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature				Date:
Residence	City	State	Country	Citizenship
Post Office Address				
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Inventor's signature				Date:
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	City	State	ZIP	Country



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<b>DECLARATION</b>	<b>REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)</b>
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[illegible]